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Cancer Registry Review

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Arizona Department of Health Services

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ACR ANNOUNCEMENTS

New Multiple Primary & Histology Coding Rules Coming in 2007

It wouldn't be a New Year's 2007 edition of "Cancer Registry Review" without a mention of the new multiple primaries and histology rules. You don't need to be in the registry field for long before you realize that the only constant thing is change. The guidelines that are currently in use have been around for 25 years. Advances in pathology, cytology, and tumor markers have enabled physicians to describe histology in more detailed ways than ever before. One effect of this has been more cases in which multiple histology descriptors are used for one tumor. Many registrars find it difficult to navigate through the "sea of words" and choose the appropriate histology code.

The ACR will present a series of workshops to train registrars on how to use the new rules. Below is a brief preview of some of the "big picture" changes:

- You'll be using (another!) manual, dedicated to the new rules
- The new rules apply only to cases diagnosed 1/1/07 and later; they do not apply to cases diagnosed before 2007
- With the exception of lymphomas and leukemias, the new set of rules applies to all sites and histologies
- The rules will come in three different formats, text, diagrams, and tables; you can choose which is most user-friendly for you.

The ACR is currently conducting a survey of registrars so we can effectively plan our training sessions. This questionnaire was sent out as part of the December 2006 announcements. Please return the survey to Kara Locketti at locketk@azdhs.gov or fax (602) 542-7362 if you haven't already done so.

In This Issue of Cancer Registry Review

Upcoming Holidays

The ACR office observes the following holidays:

1/15/07 Martin Luther King, Jr. Birthday

2/19/07 President's Day

Please do not fax confidential information on either date.

ACR ANNOUNCEMENTS

New Member of the ACR Team

Rosie Caballero

Cancer Data Specialist

Rosie Caballaro was born and raised in Arizona, the eldest of four children. Rosie will have been married fourteen years on January 18th, and she has a daughter who turned twelve on Christmas Eve. Before coming to ACR, Rosie was a medical records coder for ten years. She is a certified coder and is pursuing her associate's degree in the RHIT program at Phoenix College. Rosie first learned about Cancer Registry while working in medical records. She has always wanted to learn more about this profession, but never really had the opportunity until now! In her spare time Rosie likes to read, watch movies and take short road trips up North. Welcome, Rosie!

ACR Staff phone numbers and emails

Fax Number (602) 542-7362

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Chris Newton	Epidemiologist	(602) 542-7324	Newtonc@azdhs.gov

IN OTHER NEWS

Richard J. Gray, MD, FACS, of the Mayo Clinic Scottsdale has been appointed as the new

Commission on Cancer State Chair for Arizona.

January is Cervical Cancer Awareness Month

CTR Exam Prep Workshop

When	Saturday, February 10, 2007, 7:00am - 5:30pm Sunday, February 11, 2007, 7:00am - 12:00pm
Where	Hilton Phoenix Airport Hotel 2435 S. 47th Street Phoenix, AZ 85034 Phone: (480) 894-1600

This special 2-day workshop is designed to prepare candidates for the CTR Exam. It is geared towards experienced Cancer Registry professionals who meet the eligibility requirements to sit for the CTR Exam. This workshop is not designed for beginners. The registration fee is $260 for NCRA members and $295 for non-members, and includes workshop, supplementary workbook, and two continental breakfasts. Written notice of cancellation postmarked by January 26, 2007 will receive a refund of total registration paid, less a $50 administrative fee. This workshop will cover all exam topics including:

- ICD-O-3
- Collaborative Staging
- AJCC Staging Manual 6th Edition
- FORDS (2004 Revision)
- COC Cancer Program Standards 2004
- Statistics & Epidemiology
- Computer Principles
- Central Cancer Registries

The instructors for the workshop are:
Donna Gress, RHIT, CTR
American College of Surgeons
Chicago, IL

Carol Schultz, RHIT, CTR
IMPAC
Aurora, OR

You may view the workshop agenda and download the registration form at http://www.ncra-usa.org/education/.

Hotel Accommodations: A limited number of rooms are being held at a rate of $139 per night. Reservations must be made by Friday, January 26, 2007 to secure this rate. Please be sure to mention the National Cancer Registrars Association to receive the special discounted rate.

Questions??? Contact Lilly Grossman at lgrossman@ncra-usa.org, or call 703-299-6640 ext. 314.

Eligible registrars will be able to take the CTR exam this spring during the following time window:
Application Deadline: January 31, 2007
Testing Begins: March 3, 2007
Testing Ends: March 17, 2007
The exam fee is $225 (US) for NCRA members and $325 US for non-members. You can find additional information on the exam at http://www.ctrexam.org.

CE Hours Deadline

CTR's whose cycle ended on December 31, 2006 must submit their Continuing Education (CE) Summary Form by January 31, 2007. CTR's are required to report a minimum of 20 CE Hours per two-year cycle. See NCRA's web site, http://www.ncra-usa.org/certification/maintenance.htm for detailed info.

New Module on SEER Training Site

The National Cancer Institute, in collaboration with the Rollins School of Public Health at Emory University, is pleased to announce that a new module is now available on the NCI training web site http: www.training.seer.cancer.gov. This new module, titled "Cancer & Medical Terminology" is designed to introduce the new registrar to medical terminology by teaching the meanings of roots and suffixes. This module serves as a complement to SEER Self Instruction Manual for Tumor Registrars - Book Three (Second Edition): Tumor Registrar Vocabulary: The Composition of Medical Terms.

REGISTRAR EDUCATION

Webinars

The webinar schedule for 2007 is as follows:

Hospital Registries

January 11, 2007	Urinary System
February 8, 2007	Lymphoma
March 8, 2007	Colon and Rectum
May 10, 2007	Prostate
June 14, 2007	Lung
September 13, 2007	Breast

Hospital registry webinars will be held at three sites in Arizona- Phoenix, Tucson, and Flagstaff. Please contact one of the three site coordinators if you are interested in attending any of the scheduled sessions:

Tucson area
Katherine Molinar
520-469-8163
Katherine.Molinar@TriadHospitals.com

Phoenix area
Kara Locketti
602-542-7592
locketk@azdhs.gov

Flagstaff area
Charlotte Thweatt
928-773-2265
thweatc@nahealth.com

You don't need to attend a live session in order to benefit from the webinars. NAACCR will make each session available for purchase approximately a week after the live version. Each session comes with the audio and video presentation, exercises with answers, and questions and answers posted during the live session. For non-subscribers, the cost is $180 per recording. At this time, purchased recordings of the sessions are not eligible for CE hours.

The ACR staff members wish to extend their congratulations to Steve Forney on successfully passing the CTR exam!! We are very happy for him!

NCRA 33rd Annual Educational Conference

Las Vegas, NV

April 22nd– 25th, 2007

Las Vegas Hilton

"Rolling Out Advances through Research, Professionalism, Education and Advocacy"

Go to http://www.ncra-usa.org/ con-

National Cancer Registrars' Week April 9th—13th, 2007

Patient Identification

Race

Appendix D from the SEER Coding and Staging Manual 2004 is a helpful resource for coding the *Race* field. There are two separate lists, one listing nationality, ethnicity, and religious affiliation by race code, and the other listing race code by nationality/ethnicity/religious affiliation. Use them only when the patient's race is not stated, but you do have other specific ethnicity, nationality, or tribal information in the medical record. You can download Appendix D from the SEER web site, http://www.seer.cancer.gov/tools/codingmanuals/.

Cancer Identification

Ambiguous Diagnostic Terms

SINQ #20010044 from SEER Inquiry System

Question

Reportability/Ambiguous Terminology/Date of Diagnosis: If a suspicious cytology is reportable only when a later positive biopsy or a physician's clinical impression of cancer supports the cytology findings, is the *Date of Diagnosis* field coded to the later confirmation date rather than to the date of the suspicious cytology? Is a suspicious biopsy handled the same way?

Answer

Cytology reported as suspicious is not reportable. If the physician confirms the suspicious cytology by making a clinical diagnosis of malignancy, the *Date of Diagnosis* field is coded to the date of the clinical diagnosis, which may or may not be the same date the cytology was performed. Without supporting clinical documentation, the case will remain non-reportable. The supporting documentation can be a physician's statement that the patient has cancer, a scan or procedure that identifies cancer, or a positive biopsy.

Suspicious biopsies are considered reportable according to SEER's list of ambiguous terms. Suspicious cytologies without supporting clinical statements are not.

Class of Case Question Retraction

Please disregard ACoS I&R #17592 from page 8 of the Spring, 2006 edition of "Cancer Registry Review" (Repeated below). This question is currently being addressed with ACoS because it conflicts with the information contained in label *5b in the ACR/FORDS manual (i.e., If a consultation is done that changes the previous diagnosis using a definitive test (yielding pathologic confirmation, or a group of tests) the case is reportable as a class of case 3. If a consultation is for first time histologic confirmation, the case is reportable as a class of case 3.)

Please continue coding per label *5b until directed otherwise by the ACR.

> #17592
> If a patient was diagnosed elsewhere with sq cell ca of lt neck mass (unknown primary) and had a diagnostic incisional bx at our facility and dxed with primary laryngeal ca, what is the class of case for us and the other facility if they received radiation treatment at a third facility?

Date of Diagnosis

A date of diagnosis noted by a physician's assistant (PA) is equivalent to a physician's date of diagnosis, as a PA must practice under the supervision of a physician.

CODING CORNER

Cancer Identification

Histology/Grade

Coding histology & grade using information from different specimens

It is not uncommon to see multiple pathology reports for a single primary cancer with different histologies and grades in the final diagnosis sections.

Assuming all procedures are performed as part of the first course of treatment, use the highest grade from the primary site, and code histology from the procedure that removed the most tumor tissue. Histology and grade do not have to be coded from the same procedure.

Neoadjuvant treatment and tumor grade

Code the highest grade whether it was seen before or after neo-adjuvant treatment. For instance,

Example 1: Biopsy 1-3-05, no grade. Neoadjuvant treatment finished 2-3-05. Resection 2-10-05, grade 2. Record grade 2.

Example 2: Biopsy 1-3-05, grade 3. Neoadjuvant treatment finished 2-3-05. Resection 2-10-05, grade 2. Record grade 3.

Example 3: Biopsy 1-3-05, grade 2. Neoadjuvant treatment finished 2-3-05. Resection 2-10-05, grade 3. Record grade 3.

Histology

If "neuroendocrine tumor" is on the path report but a clinician calls it a "carcinoid" (except if the site is appendix), it may be necessary to consult the pathologist before coding the histology. Neuroendocrine tumors are a broad category of neoplasms that includes carcinoids, among other histologies. The two I & R's below, from the ACoS web site, illustrate this point.

18455 6/7/06	A pathology report said liver, wedge biopsy, well diff neuroendocrine carcinoma grade I/III (carcinoid), tumor at surgical margin. Is this coded to neuroendocrine carcinoma, grade I, since it is the higher code?	Well differentiated (or grade I of III) neuroendocrine carcinoma is another name for carcinoid. Grade II/intermediate grade is atypical carcinoid, and grade III of III is small cell neuroendocrine carcinoma. Code this case to 8240/3.

9164 8/21/03	Is neuroendocrine tumor the same as carcinoid tumor? ICDO-2 Terms that were changed to Malignant pg 144 indicates carcinoid tumor NOS was being coded malignant, regardless of the presence or absence of metastases. Should neuroendocrine tumor (which is not listed in ICDO-3) be considered synonymous with carcinoid tumor and coded as malignant?	Neuroendocrine tumor is not the same as carcinoid tumor. Neuroendocrine tumors are a broad spectrum of tumors that include carcinoids, small cell carcinoma of the lung, Ewing's sarcoma, and other malignancies. Try to find further information on the type of neuroendocrine tumor. If none is available, the case would be coded as 8246/1 and would likely not be reportable.

Behavior Code/Reportability

SINQ # 20021108 from SEER Inquiry System

Question

Histology/Grade, Differentiation: What code is used to represent the histology "well differentiated low grade lipoma-like liposarcoma (atypical lipoma)"?

Answer

Code the Histology field to 8851/3 [Liposarcoma, well differentiated] and the Grade to 1 [Well differentiated]. This histology is reportable to SEER.

Stage of Disease at Diagnosis

Surgical Diagnostic and Staging Procedure

ACoS I&R 12732
8/30/2004
FORDS

If a patient had a biopsy of a presumed liver met and the lesion was non-malignant, is the Collaborative staging mets evaluation code 0 because the biopsy was negative or 3 because the tissue was evaluated for mets?

Revised 4/7/05: CS Mets Eval code =3. All surgical procedures performed to diagnose and/or stage the case are to be coded in the field Surgical, Diagnostic, and Staging Procedures, regardless of the malignant or non-malignant findings. Code 01, a biopsy (incisional, needle, or aspiration) was done to a site other than the primary.

ACoS I&R 12526
8/12/2004
FORDS

A bronchoscopy was done with bx negative and the brushings positive. Is the biopsy not coded under the surg dx/stg procedure as it is negative and the brushings only coded under diagnostic procedure?

Revised 9/21/06: Bronchoscopy performed to diagnose and/or stage the case are to be coded in the field Surgical, Diagnostic, and Staging Procedures field, regardless of the results. Positive cytology results are recorded in the Diagnostic Confirmation field.

The general point to take away from these examples is that if procedures are related to patient's cancer staging and/or treatment, code regardless if the results are negative or positive (within reason). If, on the other hand, the patient has multiple biopsies for diagnosis, use the positive procedure.

Collaborative Staging

Prostate Cancer Schema

Site Specific Factors 1 and 2

Page 436 of the Collaborative Staging Manual instructs coders to "Record the highest PSA lab value recorded in the medical record prior to diagnostic biopsy or treatment." The "or" in the "diagnostic biopsy or treatment" may be subject to interpretation. For example, a patient has a PSA value prior to biopsy of 7.8. Another PSA taken after the biopsy, but before treatment, is 8.4. Which PSA value would you record, 7.8 or 8.4?

Take the highest PSA value obtained prior to biopsy or treatment, whichever comes first. For instance, if a diagnostic biopsy was performed and the patient went on to have surgical, radiation, or hormonal treatment, take the highest value noted before the diagnostic biopsy. If a patient has a TURP and cancer is an incidental finding, take the highest value obtained before the cancer-directed surgery. In other words, use the value taken prior to anything being done.

First Course of Treatment

Treatment Recommended, Unknown if Actually Administered

Code "8" for the fields *Reason for No Surgery of Primary Site* and *Reason for No Radiation*, and code "88" for the systemic therapy fields (i.e., *Chemotherapy, Hormone therapy, BRM*) are used for situations where the treatment modality is recommended, but it is not known if it was actually performed or administered. For instance, if nephrectomy is recommended for a newly diagnosed renal cancer, and this recommendation is the most definitive information you have regarding the procedure, code the following:

(Continued on next page)

CODING CORNER

(Continued from previous page)

Date of First course treatment = 9's
Date of First Surgical Procedure = 9's
Date of Most Definitive Surgical Resection of the Primary Site = 9's
Surgical Procedure of Primary Site = 99
Surgical Margins of the Primary Site = 9
Scope of Regional Lymph Node Surgery = 9
Surgical Procedure/Other Site = 9
Reason for No Surgery of Primary Site = 8

Treatment Consult, Referral, or Discussion vs. Treatment Recommendation

Remember that a consult, referral, or discussion is not the same as a recommendation for a specific therapy. You would not use these codes if, for example, the only information available to you was a statement in a medical oncology consult that adjuvant chemotherapy options were discussed; in that case, code the chemotherapy fields using 0's.

Cancellation of Planned Treatment

Questions to the ACR:

A patient went in for brachytherapy, but the procedure was cancelled after an attempt to place the seeds. The seeds that were placed ended up being removed. A postop note stated there was pubic bone interference and an enlarged prostate. Is this coded as treatment? If not, then what code do I use for Reason for no Radiation?

Do not code this as treatment. *Date of First Course of Treatment* would be all "0"'s. *Reason for no Radiation* would be coded to "2," because radiation was recommended and attempted, but it turned out to be contraindicated because of the patient's enlarged prostate. *ACoS I&R #20132*

If a hematologic transplant was recommended and the two attempts at cell harvest both failed, what code would be used for data item Hematologic Transplant and Endocrine Procedures?

This would not be coded- Code "00" for *Hematologic Transplant and Endocrine Procedures*. Be sure to document in the narrative the failed attempt which led to the decision to abort the transplant.

Hematologic Transplant and Endocrine Procedures

Use code "30" for *Hematologic Transplant and Endocrine Procedures* when the testes or ovaries are radiated to stop production of hormones that affect the growth of a primary prostate or breast cancer. Do not double-code radiation therapy to a gland involved with tumor (e.g., prostate or thyroid) using this field.

Call for Data- An Opportunity to Improve Data Quality

Gilbert Garcia
Brenda Smith, CTR

The ACR recently submitted 2004 data to the North American Association of Central Cancer Registries (NAACCR) in response to their annual "Call for Data." While preparing data for submission, ACR noticed that several prevalent data errors. Please keep the following issues in mind when abstracting:

Surgical Procedure of Primary Site (FORDS manual, pages 135 and 249-285 in Appendix B) Always use code "98" (Not applicable) for the following cases:

- Hematopoietic/reticuloendothelial/ immunoproliferative/myeloproliferative disease sites and/or histologies, with or without surgical treatment
- Ill-defined or unknown primary site (Site codes C76.0-C76.8 and C80.9)

Collaborative Staging Fields

- Remember, ***all*** CS fields must be coded. Use the staging schema specific to the site you are abstracting. Do not leave any of the 15 input fields blank.
- A sizeable number of cases needed to have the CS recalculated. When changing any CS value, remember to recalculate the derived TNM and Summary stages.
- Prostate *SSF3* only applies to patients who underwent radical prostatectomy.
- If a case cannot be staged using TNM, it can still be staged using CS.

State at Diagnosis (FORDS, page 45)
State- Current (FORDS page 52)

- When the state of residence is unknown, use code "ZZ".

Grade (FORDS, pages 13-14)

- Refer to the tables on these two pages when you are coding grade/differentiation, because they contain information that is not covered in-depth on pages 96-97.
- Pay particular attention to the conversion information for breast and prostate cancers. Frequently, *Grade* was coded to "9" for prostate cancer cases even though a Gleason's score was given. For example, the path mentions a Gleason's score of 3+3 = 6, but grade was coded to "9." Using the table on page 14, the grade should have been coded "2."

Race (FORDS, pages 59-64)

- If *Race 1* is coded to something other than "99" (Unknown), then do not code "99's" for *Race 2-5*. If *Race 1* is coded "99", then code *Race 2-5* with "99."

Date of First Course of Treatment (FORDS, page 129)

- The date of diagnosis is not always the same as the date of first course of treatment.
- The date of first course of treatment cannot precede the date of diagnosis.
- If *Surgical Diagnostic and Staging Procedure* is coded "01" or "02" (i.e., incisional, needle, or aspiration biopsy), this is not considered to be treatment. Do not use the date of the procedure as the *Date of First Course of Treatment* or the *Date of First Surgical Procedu*re.

Many of these problems can be avoided by running the EDITS report whenever you enter a new case or update an existing one. If you have any questions, please contact Brenda Smith, ACR Operations Manager, at (602) 542-7357.

A Dramatic Drop in Breast Cancer Rates

Veronica Vensor, MS

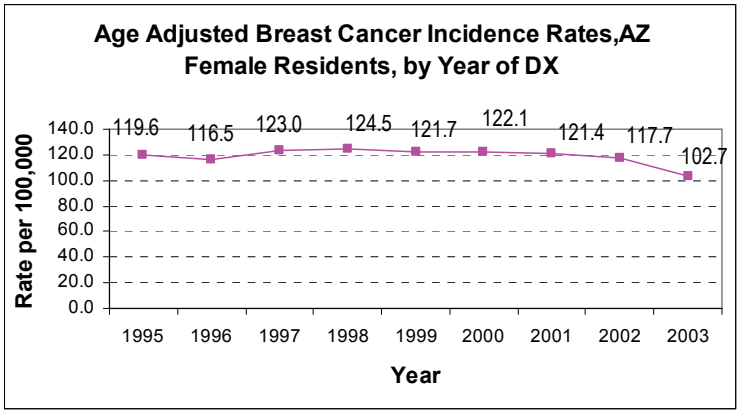
There has been a lot of buzz in the news recently about the sharp decline in U.S. breast cancer cases. According to a report led by researchers at M.D. Anderson Cancer Center in Houston, breast cancer rates fell approximately 7% in 2003. Scientists speculate the reason for this significant drop was that millions of older women discontinued hormone replacement therapy (HRT) in 2002.

Why did millions of women stop their HRT? In July of 2002 the Women's Health Initiative, a large clinical study on the use of combination hormone replacement therapy, found that women taking the drugs had slightly higher rates of breast cancer. These findings were surprising to many women and their doctors.

Scientists question whether the drop in rates was due to this one factor alone and if the decline will continue. One hypothesis is that when women stopped taking hormones tiny cancers in the breast were deprived of estrogen, stopped growing, and therefore were never detected on mammograms. Similarly, cancers may have shrunk or never grown without the presence of estrogen, making the tumors undetectable.

Cancer is a complex disease where the causes are simply not known. Since this is only one year of data, it is difficult to determine whether the dramatic decline in the nation's breast cancer rates is truly a result of older women's discontinued use of HRT. Over the next few years, investigators would like to see other studies confirm their findings.

The Arizona Cancer Registry found this study intriguing and did a quick run of the registry numbers to calculate the age adjusted incidence rate for breast cancer in women. The graph illustrates that rates of breast cancer remained steady from 1995 through 2002. In 2003, there was a slight decline. Is Arizona experiencing the same results? We really will not know without a detailed analysis of the data, and more years of complete data.



The Centers for Disease Control and Prevention (CDC) Visits Arizona

Veronica Vensor, MS

In November of 2006, the CDC visited Sierra Vista. The purpose of the trip was for staff to share findings of their study of childhood leukemia in the area with local residents. In 2001, residents of Sierra Vista began reporting an elevated number of child leukemia cases. In the spring of 2003, the state and county health departments requested an investigation by the CDC. The National Center for Environmental Health (NCEH) provided assistance by conducting a biosampling study to determine if there was an environmental exposure in Sierra Vista. Some case children and their families, along with comparison families, participated in the sampling. The results did not reveal any significant environmental exposure of concern among the residents sampled. The complete report can be found on the Arizona Department of Health Services' website, http://www.azdhs.gov/phs/phstats/acr/specialstudies.htm

Users of Arizona Registries' Data

Kara Locketti, CTR
Veronica Vensor, MS

Central Brain Tumor Registry of the U.S.

The Central Brain Tumor Registry of the United States (CBTRUS) is a not-for-profit corporation established to provide descriptive statistical data on all primary brain tumors, malignant and non-malignant. CBTRUS developed its database by compiling data from state cancer registries that include information on both non-malignant and malignant primary brain tumors. CBTRUS' most recent report, covering years 1998-2002, can be found at http://www.cbtrus.org/reports/reports.html.

American Cancer Society

Out of all of the cancer-related organizations, The American Cancer Society (ACS) is probably the best known among the public. Headquartered in Atlanta, the ACS has state divisions and more than 3,400 local offices. Their publications and outreach efforts are geared towards both the general public and health professionals. The ACS is an important consumer of cancer registry data, which they use and refer to in several of their publications. You can find information specific to Arizona at http://www.cancer.org/docroot/COM/COM_0.asp. Click on the "State Facts and Figures" link on the left side of the page to access and download "Arizona Cancer Facts & Figures 2004-2005." In addition to data on the incidence and mortality of various cancers, "Arizona Cancer Facts & Figures 2004-2005" contains data on the prevalence of cancer risk factors and screening behavior in Arizona, such as smoking history, obesity, the percentage of women who had undergone a Pap smear within the past three years, etc..

Cancer Control Planet

http://cancercontrolplanet.cancer.gov/

Cancer Control Planet is particularly helpful for those involved in cancer control programs. The PLANET portal provides access to resources that can assist with assessing the cancer and/or risk factor burden within a given state and understanding current research findings and recommendations. State Cancer Profiles are based on National Program of Cancer Registries (NPCR)

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and SEER data, and can be customized to include age group, sex, race, in addition to site and state.

The Arizona Comprehensive Cancer Control Plan

http://www.azcancercontrol.gov/pdf/cancercontrolplan.pdf

The Comprehensive Cancer Control Plan Program is housed within the Arizona Department of Health Services. The program is charged with prioritizing and planning activities with the overall goal of decreasing the cancer burden in Arizona's population. Goals are divided into six major categories:

Prevention- Activities related to reducing tobacco use and the prevalence of overweight and obesity and increasing physical activity

Early detection and screening- Includes increasing the proportion of people screened using mammography and colonoscopy

Diagnosis and Treatment- Increasing access to cancer diagnosis and treatment services

Quality of Life

Research

Reducing Cancer Disparities

Any program like this needs quality data in order to make decisions; the Comprehensive Cancer Control Plan Program staff utilizes ACR data to assist them with setting priorities and goals.

Well Woman

The Well Woman HealthCheck Program is a statewide program that provides free breast and cervical cancer screening and diagnostics to women who qualify. Women enrolled in the program may receive a clinical breast exam, mammogram, pelvic exam, and/or a Pap test. Well Woman has utilized ACR data for the purposes of program planning, targeted geographic interventions, and program evaluation by measuring progress towards program goals and objectives, with the ultimate goal of improving access to health care services to decrease morbidity and mortality from breast and cervical cancer.

North American Association of Central Cancer Registries

Once a year, the ACR submits data to the North American Association of Central Cancer Registries. Known as NAACCR (pronounced NAY-sir) for short, this group aggregates data from central registries in the U.S. and Canada into a publication called "Cancer in North America" (CINA). CINA's focus is on cancer incidence within different population groups (age, race, sex, ethnicity, etc.). CINA also has a more flexible web-based query system, CINA+ Online, where you can select categories to use in your search. Glossaries and instructions help keep the site fairly user-friendly.

You may access the CINA reports at http://www.naaccr.org/. Click on the "Cancer Research" link on the left part of the home page, and then on the "Cancer Incidence Statistics" link.

National Program of Cancer Registries

The ACR submits data on a yearly basis to the National Program of Cancer Registries (NPCR), part of the federal Centers for Disease Control and Prevention. The ACR relies on enhancement grant funding from the NPCR in addition to the funding from the state of Arizona.

The NPCR maintains an online query system, part of a broader public health data system known as

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CDC WONDER. Cancer incidence data are available for the United States, state and metropolitan areas (MSA) by age group, race, gender, childhood cancer classifications and cancer site for the years 1999 - 2002.

You can produce tables, maps, charts, and data extracts. Data are organized into three levels of geographic detail: national, state and Metropolitan Statistical Areas (MSAs in Arizona are Phoenix-Mesa-Scottsdale and Tucson). You can limit and index your data by any and all of these criteria:

- Location - State or MSA
- Year - 1999-2002
- Age Group
- Race - All, Asian or Pacific Islander, Black or African American, White, Other Races Combined
- Gender (Sex) - Female, Male
- Childhood Cancers
- Cancer Sites
- Top Cancer Sites

The following statistical measures are available as query results:

- Disease Incidence Counts
- Age-Adjusted Rates
- 95% Confidence Intervals for Age-adjusted rates
- Crude Rates (optional)

These reports may be helpful for hospital registrars who need comparison data for annual reports, cancer committee meeting or tumor board reports, etc.. The web site provides step-by-step instructions on how to produce reports, as well as explanations of what terms such as "age-adjusted" and "crude" rates mean. NPCR's web address is http://www.cdc.gov/cancer/npcr/. Click on the link "NPCR Data on CDC Wonder" to access the online query system.

Other Organizations that Have Used ACR Data

- Intertribal Council of Arizona
- Arizona State University College of Nursing & Health Care Innovation
- University of Arizona Mel and Enid Zuckerman College of Public Health

MISCELLANEOUS

Errata for Updated CS Handouts sent out as broadcast email on 11/22/06

Collaborative Staging Manual and Coding Instructions page numbers are incorrect in the document "CS Clarifications and Additional Notes Handout Rev.doc." This update to the handout given out at the annual workshop last August was distributed via broadcast email on 11/22/06 as part of the 8/18 presentation on Collaborative Staging. Please update the page numbers as follows to reflect the recent changes in the manual:

Colon C18.0-C18.9 (Pages 185-191)
Lung C34.0-C34.9 (Pages 317-324)
Breast C50.0-C50.9 (Pages 371-379)
Prostate C61.9 (Pages 517-526a)

Cool Things

You can make notes and highlight text in the electronic version of the Collaborative Staging Manual and Coding Instructions (sort of like a high-tech version of Post-It). The electronic document has been configured to work with Adobe Reader 7, a free software that can be downloaded from http://www.adobe.com/products/acrobat/readstep2.html. Add notes by clicking on the "Comment & Markup" button on the toolbar and selecting "Note Tool." The notes that you make are indicated by text balloons, similar to what you see in a cartoon strip. Roll your mouse over the balloon, or click on it, to see your annotations.

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Cancer Registry Review

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